Division of Behavioral Health Services
and
Arizona State Hospital

ANNUAL REPORT
FISCAL YEAR 2003

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Submitted in Compliance with A.R.S. 36-3405 (a) (b) (c) and 36-209(e)

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~Leadership for a Healthy Arizona~

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Leadership for a Healthy Arizona

DIVISION OF BEHAVIORAL HEALTH SERVICES MISSION STATEMENT

Creating partnerships for personal and community health

ARIZONA STATE HOSPITAL VISION STATEMENT

The Arizona State Hospital will meet the needs of our patients and other customers in collaboration with our community partners. We will continue to be a unique and valuable resource in the provision of specialized psychiatric treatment, rehabilitation, education and research. We will always strive to improve our performance.

ARIZONA STATE HOSPITAL MISSION STATEMENT

The Mission of the Arizona State Hospital is to restore and enhance the mental health of persons requiring psychiatric services in a safe, therapeutic environment

DESCRIPTION OF THE DIVISION OF BEHAVIORAL HEALTH SERVICES DELIVERY SYSTEM

The Arizona Department of Health Services is the State agency responsible for public health education, prevention and treatment. The Arizona Department of Health Services is comprised of six major service areas, which report to the Director of the Department. The Division of Behavioral Health Services is charged with the responsibility of overseeing publicly funded behavioral health services. By the end of fiscal year 2003, 101,685 clients received behavioral health treatment services per month. During fiscal year 2003, 147,000 persons received prevention services. Expenditures totaled $700,322,200.

The publicly funded behavioral health system provides services to both federally eligible (Title XIX and Title XXI of the Social Security Act) and State-only populations. Behavioral health care services include the following:

- Prevention programs for children and adults,
- Services for children and adults with substance abuse and/or general mental health disorders,
- Services for children with serious emotional disturbance and
- Services for adults with a serious mental illness.

The Arizona Department of Health Services receives funding to operate the behavioral health system through a variety of sources including Title XIX Medicaid, Title XXI State Children's Health Insurance Program (KidsCare), federal block grants, state appropriations and intergovernmental agreements. Federal Title XIX and Title XXI funds may only be used for eligible persons as prescribed by the State Medicaid agency, the Arizona Health Care Cost Containment System (AHCCCS).

The State is divided into six geographic regions, called Geographic Service Areas. Each Geographic Service Area is assigned to a regional behavioral health authority. The Arizona Department of Health Services/Division of Behavioral Health Services manages the delivery system through five contracted Regional Behavioral Health Authorities and three Tribal Regional Behavioral Health Authorities. For Native Americans who live on a reservation, the Tribe has the option of:

(a) Entering into an Intergovernmental Agreement with the Arizona Department of Health Services to deliver behavioral health services on the reservation, with the reservation acting as its own regional behavioral health authority;
(b) Contracting with the local regional behavioral health authority to provide services; or
(c) Allowing on-reservation Tribal members to obtain behavioral health services either through Indian Health Service, or going off reservation to receive services.

Services provided to Arizonans include medical, rehabilitation, assessment, counseling, consultation, specialized testing, professional treatment, support, crisis intervention, inpatient, residential, day programs, and prevention.

DESCRIPTION OF THE ARIZONA STATE HOSPITAL

The Arizona State Hospital ("the Hospital") is located on a 93-acre campus at 24th Street and Van Buren in Phoenix, Arizona. A component of the statewide continuum of behavioral health services provided to the residents of Arizona, the Hospital is the only publicly funded, 24-hour inpatient, state-operated psychiatric hospital serving the state.

As part of the Arizona Department of Health Services, the Hospital provides direct care to the most seriously mentally ill Arizonans who are court-ordered for treatment to its 335-licensed bed facility requiring a state supported tertiary level of inpatient hospitalization and rehabilitative care. The Hospital is accredited by the Joint Commission on Accreditation of Healthcare Organizations ("JCAHO") and is a Medicare reimbursable institution.

Treatment at the Hospital is considered the "highest and most restrictive" level of care in the state, and patients are admitted as a result of an inability to appropriately care for them in a community facility, or because of their legal status. Hospital personnel continually strive to provide state-of-the-art inpatient psychiatric and forensic care. The Hospital is committed to the concept that all patients and personnel are to be treated with dignity and respect. The average monthly census for Fiscal Year 2002, for all patient populations, was 303 patients.

Authorized by A.R.S. 36-201 through 36-207, the Hospital is required to provide inpatient care and treatment to patients with mental disorders, personality disorders or emotional conditions. While providing evaluation and active treatment, the Hospital is continually cognizant of the rights and privileges of each patient, particularly the patient's right to confidentiality and privacy.

The Arizona Department of Health Services is the state agency responsible for assessing and assuring the physical and behavioral health of all Arizonans through education, intervention, prevention and delivery of services. The Hospital is one of six major service units which report to the Director of The Arizona Department of Health Services, as does its community services counterpart, the Division of Behavioral Health Services.

Overall guidance for Hospital leadership is provided by the **Arizona State Hospital Governing Body**, which is chaired by the Deputy Director of The Arizona Department of Health Services/Division of Behavioral Health Services, a Hospital physician and a community representative.

As required in statute (A.R.S. 36-217), the **Arizona State Hospital Advisory Board** advises the Deputy Director of the Division of Behavioral Health Services and the Chief

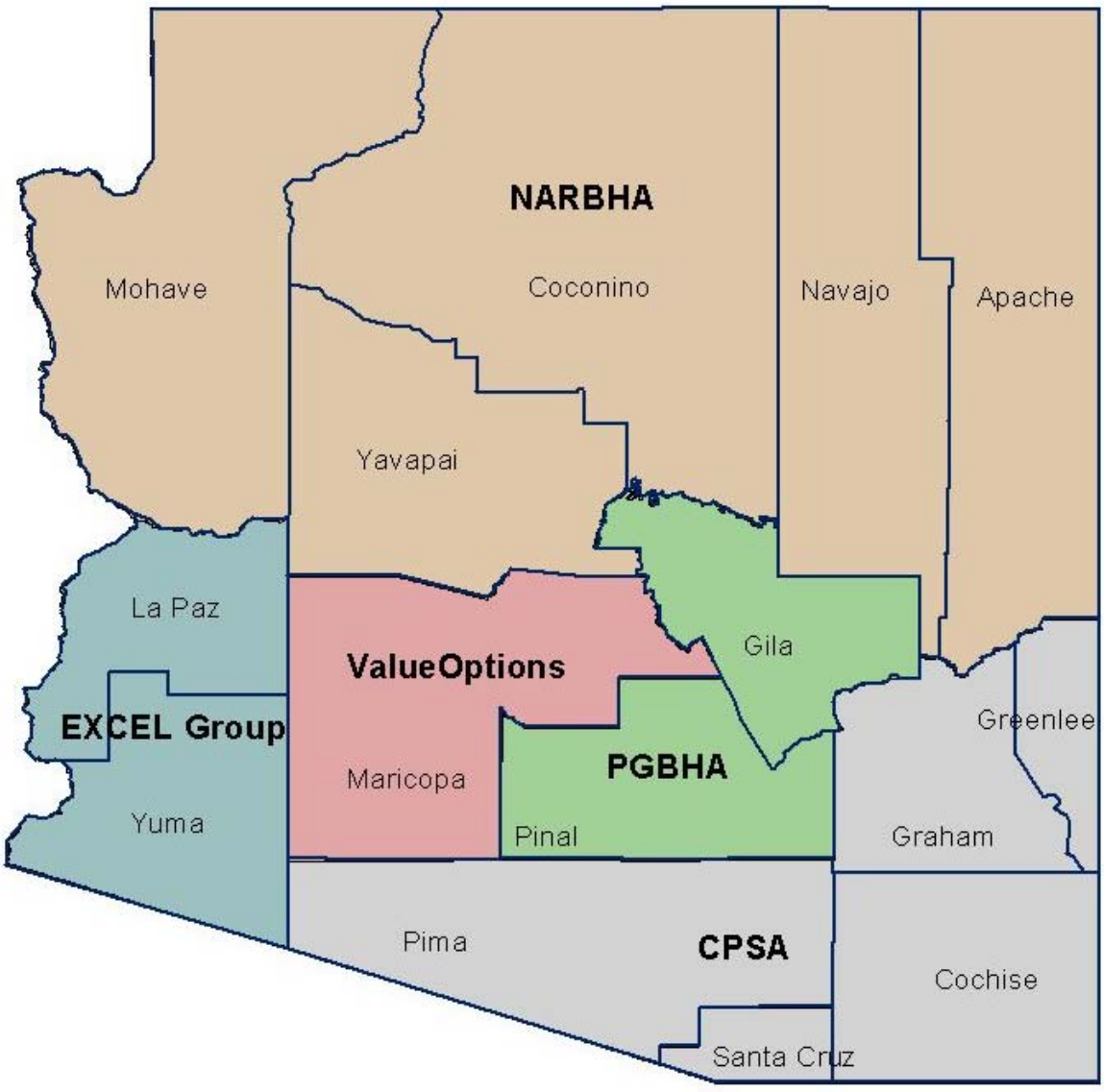
Executive Officer of the Hospital in the development, implementation, achievement and evaluation of hospital goals and communicates special hospital or patient needs directly to the Office of the Governor. The Hospital Advisory Board consists of 13 governor-appointed members.

The Hospital receives overall direction from the Chief Executive Officer who reports to the Deputy Director of Division of Behavioral Health Services. The CEO supervises the leaders of the Hospital's four major divisions. These leaders include the Chief Medical Officer, the Chief Operating Officer, the Chief Quality Officer and the Chief Nursing Officer.

These Executive Management Team members oversee Hospital operations, establish administrative policies and procedures, and direct Hospital planning activities. Other Executive Management Team members include critical department directors, legal counsel, the public relations officer and others at the discretion of the Chief Executive Officer.

GEOGRAPHIC REGIONS

Figure 1



ORGANIZATIONAL STRUCTURE

Division of Behavioral Health Services

The **Deputy Director** provides leadership and direction in accomplishing the mission of the Arizona Department of Health Services/Division of Behavioral Health Services, works as a member of the Department's Executive Management Team, and oversees the Arizona State Hospital and community behavioral health system of care delivered through the Tribal and Regional Behavioral Health Authorities. The Deputy Director leads the Core Management Team of the Division.

The **Medical Director** provides medical guidance to the Deputy Director and to all Division bureaus and offices and to the Department Director through participation in the Physician Advisory Council. Working closely with the Medical Directors of the regional behavioral health authorities, the Medical Director develops clinical practice guidelines, standards and review instruments that are used throughout the State and maintains/updates drug and laboratory formularies. The Medical Director coordinates with the Medical Director of the Arizona Health Care Cost Containment System and with Arizona Health Care Cost Containment System health plans for the joint management of clients' physical and behavioral health needs.

The **Division of Clinical Services** provides clinical leadership, technical assistance and consultation to the Regional Behavioral Health Authorities ensuring conformance with federal and state regulations. Best practices are researched and guidelines are provided for the delivery of behavioral health services. Clinical Services is comprised of three Bureaus, Adult Services, Children's Services and Substance Abuse Treatment and Prevention.

The **Bureau for Consumer Rights** assists consumers in knowing, protecting and exercising their rights with respect to applying for and receiving behavioral health service, providing a grievance and appeal system available to consumers, contractors, and providers for the administrative resolution of disputes. The Bureau provides support to each regional Human Rights Committee through technical assistance, training, clerical support and problem solving. The Bureau is composed of the Office of Human Rights and Office for Grievance and Appeals.

Finance provides oversight and coordination of the Division of Behavioral Health Services financial and operational functions to ensure efficient, effective, and accountable operations in accordance with federal and state laws and regulations and Department policies. The functions of the Bureau include fiscal monitoring and budget, provider services, procurement and personnel services as well as receiving incident reports of financial fraud and abuse. The Bureau has provided leadership in the development of financial standards to assure a healthy balance of the fiscal viability of the system and the needs of the clients it serves.

The **Office of Tribal Relations** provides program development, contract oversight and interface of the Tribes currently operating as a regional behavioral health authority. The Division currently has three Intergovernmental Agreements with the Gila River Indian

Community, Navajo Nation, and Pascua Yaqui tribes authorized to act as a regional behavioral health authority. An Intergovernmental Agreement also exists between the Colorado River Indian Tribes and the Department for the delivery of non-Title XIX services.

The **Bureau of Quality Management and Evaluation** provides leadership and direction in quality evaluation and improvement, utilization review, risk management and the development of outcome measurement reporting. The Bureau coordinates and/or conducts monitoring activities which reveal the operational, financial, and clinical performance of the behavioral health system and synthesizes monitoring findings with other administrative data to inform the Division's strategic plan, monitoring processes, indicators and tools, and contract content. The Bureau of Quality Management and Evaluation includes the functions of Quality Improvement, Research and Evaluation, and Business Information Systems.

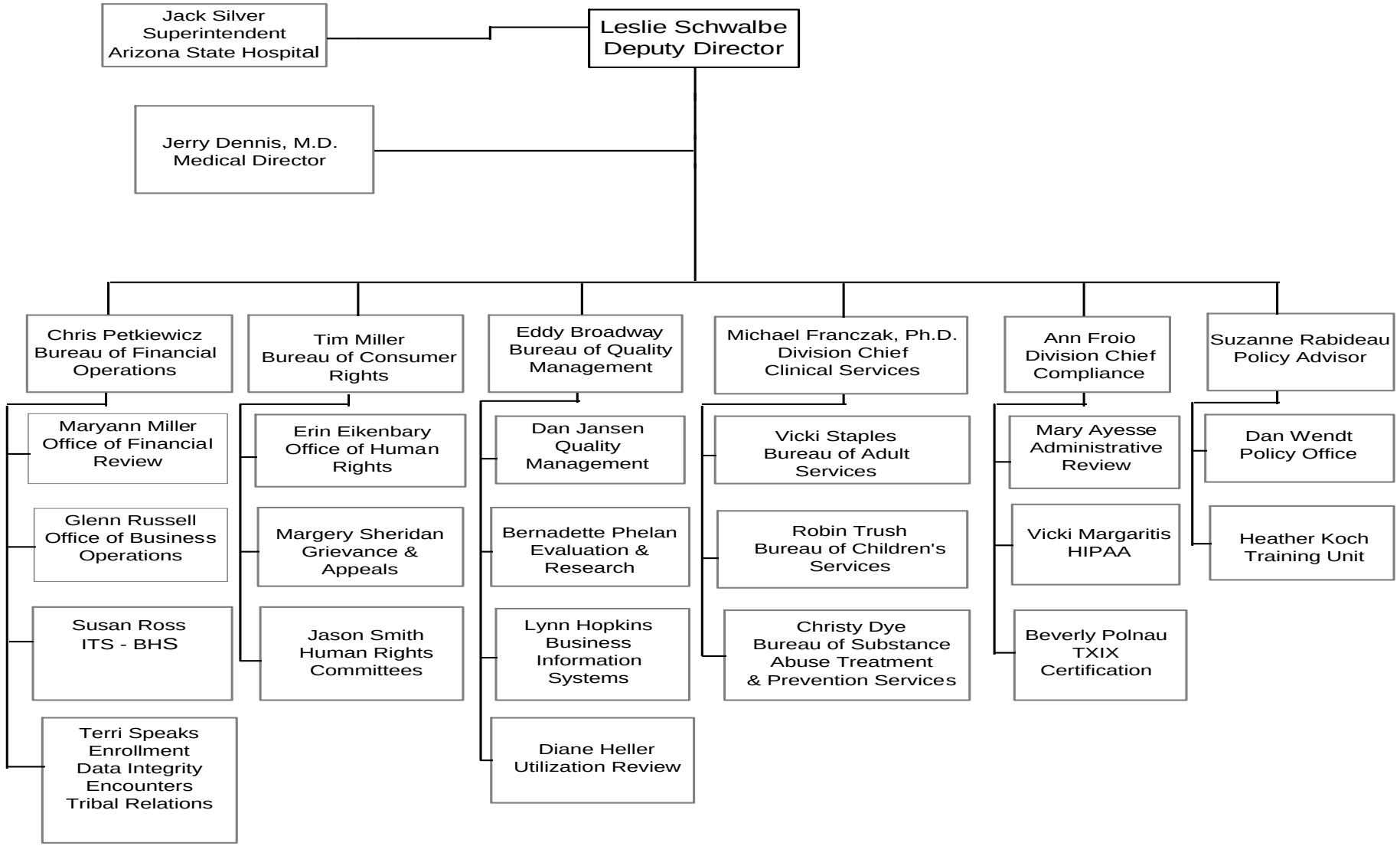
The **Behavioral Health Applications Team** is responsible for the maintenance and development of information systems that support the Division. These systems work in coordination with the Regional Behavioral Health Authorities and the Arizona Health Care Cost Containment System to monitor and resolve Title XIX, Title XXI, and Non-Title XIX enrollment, assessments encounters (claims), and provider issues. A primary function is to develop and maintain the Client Information System application and database. This system tracks clients receiving behavioral health services in Arizona. In addition to the support of the Client Information System, the Information Technology Support team develops PC stand-alone applications to support business needs within various Division of Behavioral Health Services offices.

The **Office for Contract Compliance** is responsible to support and coordinate strategic planning for the Division, Regional Behavioral Health Authority contract and Tribal Regional Behavioral Health Authority Intergovernmental Agreement production, Title XIX Certification of Community Service Agencies, behavioral health related rule-making, mental health disaster responses, audits conducted by the Auditor General, the annual Administrative Reviews of the Regional Behavioral Health Authorities, the annual operational and financial reviews conducted by AHCCCS, mutual business activities with the Arizona State Hospital, and implementation of the Health Insurance Portability and Accountability Act (HIPAA) privacy and security requirements.

The **Policy Office** is responsible for the coordination and production of the Division's policies and procedures, the Provider Manual which contains requirements for publicly funded behavioral health providers, and the Member Handbook template which contains information that each person enrolled in the publicly funded behavioral health system is entitled to receive in accordance with federal and state rules, codes, statutes and laws. A chief goal of the Policy Office is to ensure consistency of Division information disseminated internally to staff and externally to stakeholders and contractors.

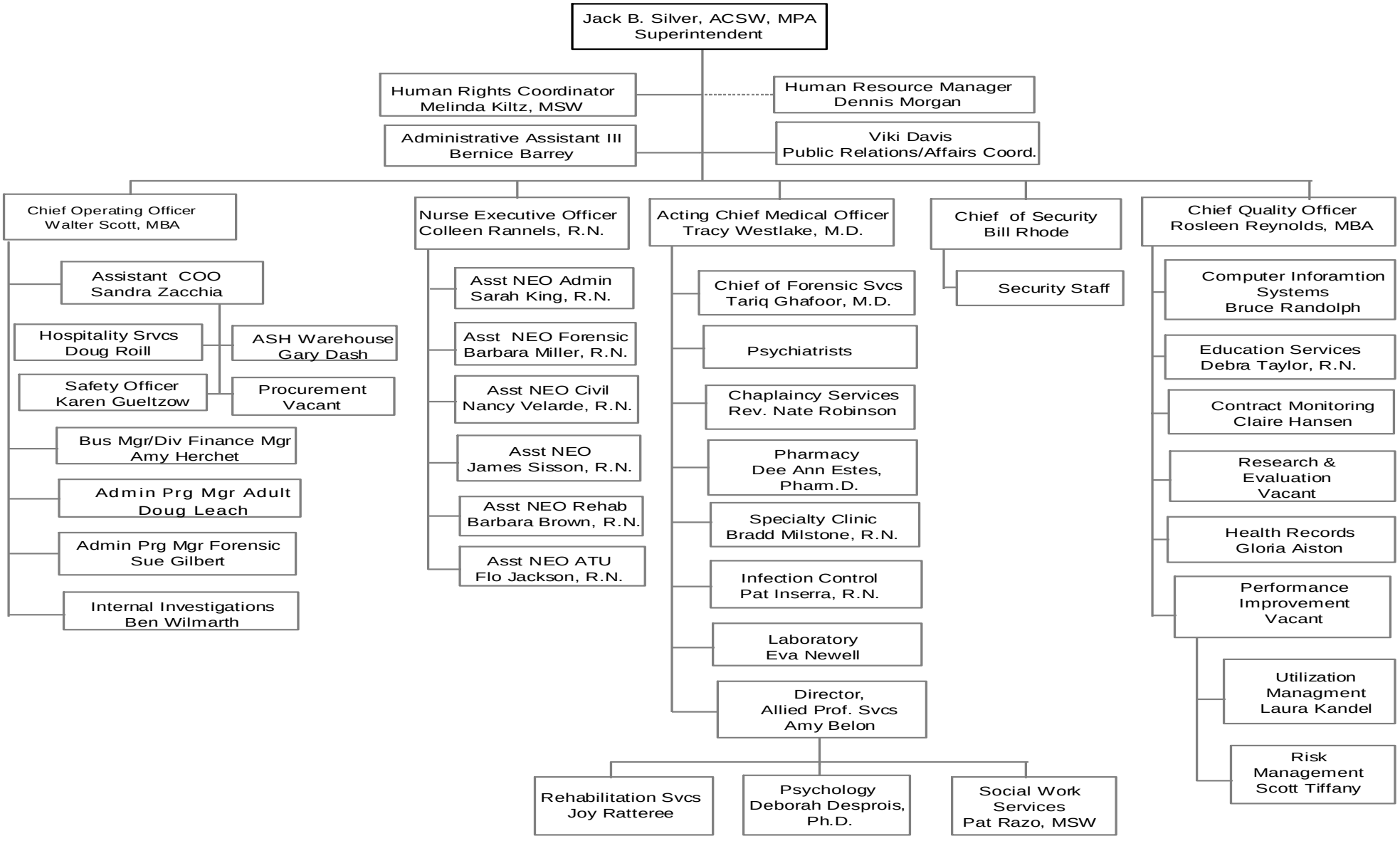
ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES - ORGANIZATIONAL CHART

Figure 2



ARIZONA DEPARTMENT OF HEALTH SERVICES
ARIZONA STATE HOSPITAL - ORGANIZATIONAL CHART

Figure 3



FINANCIAL REPORT

Division of Behavioral Health Services

The Division of Behavioral Health Services received $700,322,200.00 in funding for the state fiscal year 2003. Administrative costs were $11,650,100.00. Please see the tables below for programmatic funding detail.

Table 1

Total Behavioral Health Services Funding SFY 2003		
Funding	**Amount Paid**	**Percentage**
Title XIX	$326,666,000	46.65%
Title XIX Proposition 204	$53,596,500	21.93%
Title XXI	$11,574,900	1.65%
Federal Funds	$36,825,400	5.26%
Non Title XIX/XXI Funds General Funds	$112,473,000	16.06%
Non Title XIX Tobacco	$2,622,700	0.37%
County Funds	$33,429,900	4.77%
Tobacco Litigation/Settlement	$17,715,700	2.53%
Other (1)	$5,418,100	0.77%
Total	$700,322,200	100.00%

(1) Other includes PASRR, Liquor Fees, Corrections Offender Program, Crisis Counseling, Az Integrated Treatment Panel, Perinatal Substance Abuse, City of Phoenix LARC, Compulsive Gambling, Comcare Trust & Indirect.

Table 2

Administrative Funding SFY 2003		
Funding	**Amount Paid**	**Percentage**
Title XIX	$4,259,800	36.56%
Title XIX Proposition 204	$1,838,100	15.78%
Title XXI	$424,300	3.64%
Federal Funds	$1,427,500	12.25%
Non Title XIX/XXI Funds General Funds	$2,860,200	24.55%
Non Title XIX Tobacco	$5,200	0.04%
County Funds	$125,400	1.08%
Tobacco Litigation/Settlement	36,100	0.31%
Other (1)	$673,500	5.78%
Total	$11,650,100	100.00%

(1) Other includes PASRR, Corrections Offender Program, Crisis Counseling, Comcare Trust, & Indirect.

Table 3

Statewide Funding by Program SFY 2003 (Does Not Include Administrative Funding)		
Funding	**Amount Paid**	**Percentage**
Title XIX Children	$124,245,900	18.04%
Non TXIX Children	$18,703,100	2.72%
TXXI Children	$6,178,000	0.90%
TXIX SMI	$265,249,000	38.52%
Non TXIX SMI	$123,724,900	17.97%
TXXI SMI	$3,910,000	0.57%
TXIX GMH/SA	$84,669,800	12.29%
Non TXIX GMH/SA	$45,328,500	6.58%
TXXI GMH	$1,062,600	0.15%
Non TXIX Prevention	$10,875,000	1.58%
Other Programs (1)	$ 4,725,300	0.69%
Total	$688,672,100	100.00%

(1) Other includes PASRR, Corrections Offender Program, Crisis Counseling, Liquor Fees, City of Phoenix LARC, and Compulsive Gambling & Perinatal Substance Abuse.

Table 4

Statewide Funding by Program With TXIX Sub-Programs SFY 2003 (Does Not Include Administrative Funding)		
Funding	**Amount Paid**	**Percentage**
Title XIX Children	$117,821,300	17.11%
Title XIX Children/Proposition 204	$1,231,600	0.18%
TXIX DES/DD	$ 5,193,000	0.75%
Non TXIX Children	$18,703,100	2.72%
TXXI Children	$ 6,178,000	0.90%
TXIX SMI	$148,044,700	21.50%
TXIX SMI Proposition 204	$112,981,100	16.41%
TXIX SMI DES/DD	$4,223,200	0.61%
Non TXIX SMI	$123,724,900	17.97%
TXXI SMI	$3,910,000	0.57%
TXIX GMH/SA	$47,124,100	6.84%
TXIX GMH/SA Proposition 204	$37,545,700	5.45%
NTXIX GMH/SA	$45,328,500	6.58%
TXXI GMH	$1,062,600	0.15%
Non TXIX Prevention	$10,875,000	1.58%
Other (1)	$4,725,300	0.69%
Total	**$688,672,100**	**100.00%**

(1) Other includes PASRR, Corrections Offender Program, Crisis Counseling, Liquor Fees, City of Phoenix LARC, and Compulsive Gambling & Perinatal Substance Abuse.

The Arizona State Hospital
Financial Summary - Fiscal Year 2003
Table 5

Funding Sources (General Operations Based on Budget Allocations):*

Personnel Services and Related Benefits - General Fund	$28,545,500.00
All Other Operating - General Fund/Arizona State Hosp Fund	12,966,100.00
Rental Income	526,185.00
Endowment Earnings	650,000.00
Patient Benefit Fund	81,000.00
Donations	20,000.00
Psychotropic Medications	63,500.00
Community Placement – General Fund	5,574,100.00
Community Placement Treatment – Arizona State Hosp Fund	1,130,700.00
Male Restoration to Competency	65,548.00
Self Care Unit	110,188.00
Total Funding	**$49,732,821.00**

Expenditures:*

Personnel Services and Related Benefits	$28,523,946
Professional and Outside Services**	8,042,170
Travel (In-State)	53,116
Travel (Out-of-State)	734
Food	-0-
Other Operating	5,263,334
Capital Equipment	347,094
Assistance to Others	6,704,798
Total Cost of Operations	**$48,935,192**

Collections (Deposited to the General Fund):

Patient Care Collections to the General Fund	$639,910
Patient Care Collections to Arizona State Hosp Fund (RTC)	7,286,883
Patient Care Collections to Arizona State Hosp Fund (Title XIX)	3,372,130
Non-Patient Care Collections to the General Fund	3,017
Total General Fund Collections	**$11,301,940**

* Excludes SVP Program

** Contract Physicians, Outside Hospitalization Costs, Outside Medical Services, and privatization of Support Services

Daily Costs by Treatment Program:***

Medical Psychiatric	$437
Adolescent Treatment	$656
Special Psychiatric Rehabilitation	$465
Psychiatric Rehabilitation	$401
Forensic - Restoration to Competency	$409
Forensic – Rehabilitation	$340
Average Daily Treatment Costs	**$401**

*** Rates became effective 11/01/01. ****Weighted average based on the number of patient days and costs per program

NUMBER OF CLIENTS SERVED – STATE FISCAL YEAR 2003

Division of Behavioral Health Services

Table 6

	CHILDREN				SMI				NON-SMI							Totals
	T19	T21	Non-T19	Children Subtotal	T19	T21	Non-T19	SMI Subtotal	GMH T19	GMH T21	GMH Non-T19	SA T19	SA T21	SA Non-T19	Non-SMI Subtotal	RBHA Total
CPSA-3	1,113	68	216	1,397	557	2	283	842	1,059	8	198	614	1	339	2,219	4,458
CPSA-5	4,257	362	802	5,421	3,367	6	2,232	5605	3,684	33	931	1,714	6	1,320	7,688	18,714
Excel	1,119	132	376	1,627	527	1	257	785	925	7	366	514	2	714	2,528	4,940
NARBHA	2,569	224	558	3,351	2,201	0	1,154	3355	2,038	14	495	1,246	4	890	4,687	11,393
PGBHA	1,421	112	587	2,120	409	2	257	668	1,424	12	619	633	5	533	3,226	6,014
Value Options	12,352	1,050	3,730	17,132	9,087	23	6,432	15542	9,515	129	3,693	5,858	20	4,277	23,492	56,166
Statewide Total	22,831	1,948	6,269	31,048	16,148	34	10,615	26,797	18,645	203	6,302	10,579	38	8,073	43,840	101,685

Arizona State Hospital

Patients Served At The Arizona State Hospital

Three Population-Based Programs (Patient populations are housed separately in accordance with legal, treatment and security issues):

1. **Civil Adult Rehabilitation Program** (141 beds) consists of six treatment units specializing in providing services to adults who are civilly committed as a danger to self, danger to others, gravely disabled and/or persistently and acutely disabled, who have completed a mandatory 25 days of treatment in a community inpatient setting prior to admission.

2. **Forensic Adult Program** (180 beds total): Court-ordered commitments through a criminal process for either:

   - **Pre-Trial Restoration to Competence Program** ("RTC; 60 beds") consists of three treatment units providing pre-trial evaluation, treatment and restoration to competency to stand trial.

   - **Post-Trial Forensic Program** consists of two treatment units for those adjudicated as Guilty Except Insane ("GEI; 98 beds") who are serving determinate sentences under the jurisdiction of the Psychiatric Security Review Board, or for those adjudicated prior to 1994 as Not Guilty by Reason of Insanity ("NGRI; 22 BEDS").

   - **Community Reintegration Program** (beds utilized by GEI or NGRI patients, see above) consists of one treatment unit for forensic patients with an approved Conditional Release Plan for transiting into the community and those working toward application for Conditional Release.

3. **Adolescent Treatment Program:** Consists of a 16-bed treatment facility which serves as the admission, assessment and treatment program for male and female juveniles, up to age 18, who are committed through civil or criminal (forensic) processes.

CENSUS MANAGEMENT

Census management is a daily challenge for the Hospital. Exceeding licensed capacity by even just one patient on one unit for one-day risks federal Medicare reimbursement status, Joint Commission on the Accreditation of Healthcare Organizations ("JCAHO") accreditation, and compliance with licensure regulations.

Pursuant to Laws 2002, Chapter 161, Senate Bill 1149, on or before August 1 of each year, the Deputy Director and the Hospital collects census data by population to establish the maximum funded capacity and a percentage allocation formula for forensic and civil bed capacity (Arizona Revised Statutes §§13-3994, 13-4512, 36-202.01 and 36-503.03).

The Deputy Director notifies the Governor, the President of the Senate, the Speaker of the House of Representatives and the Chairmen of the County Board of Supervisors

throughout the state of the funded capacity and allocation formula for the current fiscal year. For Fiscal Year 2002, the funded capacity and allocation for the Hospital's licensed beds was as follows:

- **Civil Adult (41% licensed beds): 141 Beds**
- **Forensic Adult (54% licensed beds): 180 Beds**
  - Restoration to Competency 60 Beds
  - Guilty Except Insane 98 Beds
  - Not Guilty By Reason of Insanity 22 Beds
- **Adolescent (Civil & Forensic; 5% of licensed capacity) 16 Beds**
- **Medical Bed (reserved for infection control) 1 Bed**

- **TOTAL BEDS Fiscal Year 2003 338 Beds**

The law requires the Superintendent of the Hospital to establish a wait list for admission based on the date of the court order when funded capacity is reached in any population category. When funded capacity is reached, referring agencies are notified and the person is placed on the wait list until an appropriate bed becomes available. These persons remain in a community inpatient setting or a county jail psychiatric ward while on the wait list. During Fiscal Year 2002, the Hospital found it necessary to implement a wait list for the first time for Adolescent and Pre-Trial Forensic Restoration to Competency Programs. The number of persons on the RTC Wait List grew to 85 during Fiscal Year 2003, up from 11 in October 2002.

Population Shift

Since October 1999, the Hospital has experienced an overall population shift and now serves more forensic than civil patients:

Table 7

	October 1999	FY 2003	Increase or Decrease
Civil (Adult) Beds	51%	43%	-15%
Forensic Beds	44%	53%	+20%
Adolescent Beds	5%	4%	-20%

End of Month Census

The Hospital began Fiscal Year 2003 with a patient census of 314 and ended the fiscal year on June 30th with a census of 319, an increase of 5 patients. During the year, 447 patients were admitted and 440 patients were discharged. The average daily census for the fiscal year was 313.4 patients. These patients accounted for a total of 113,891 patient days*, an increase of 3,177 days compared to the previous fiscal year. The patient end of month census covering July 2001 through June 2003 is depicted in Table 8.

Table 8
End of Month Census, Fiscal Year 2002 through Fiscal Year 2003

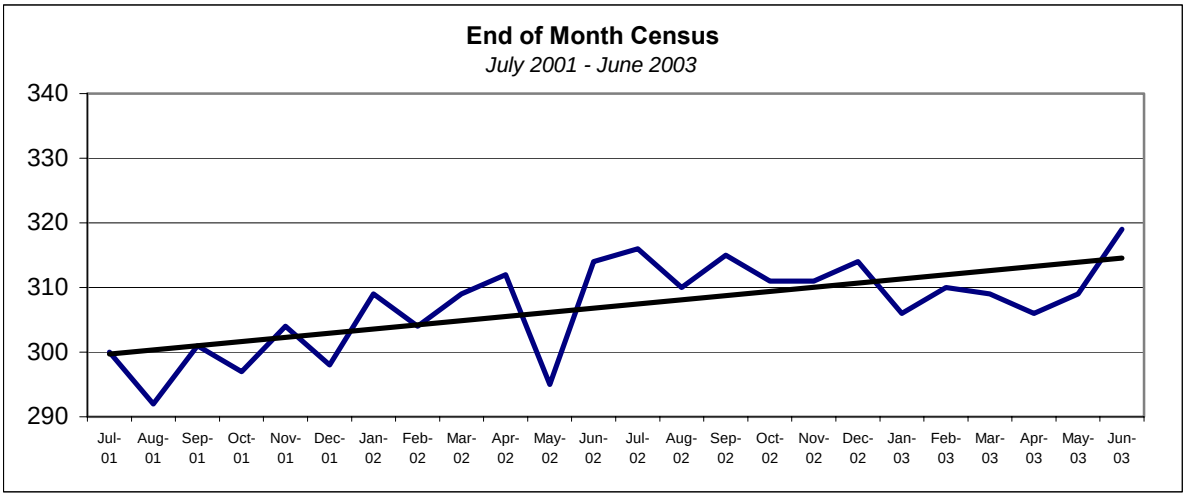


Table 9

End of Month Census FY 2002 through FY 2003							
Fiscal Year 2002				Fiscal Year 2003			
July	300	January	309	July	316	January	306
August	292	February	304	August	310	February	310
September	301	March	309	September	315	March	308
October	297	April	312	October	311	April	306
November	304	May	295	November	311	May	309
December	298	June	314	December	314	June	319

*Patient days are defined as a patient assigned to a unit, i.e. occupies a bed on that unit. The patient can be on pass and the bed day will be counted as "occupied" for that day.

Table 10

Monthly Admissions and Discharges

FY 2003	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
Admits	42	34	29	39	33	36	36	36	36	47	34	45	**447**
Discharges	38	40	24	43	33	33	44	32	38	49	31	35	**440**

FY 2002 Data:

Beginning Census as of July 1, 2001:	303
Ending Census as of June 30, 2002:	314
Admissions 7/1/01 – 6/30/02:	463
Discharge 7/1/01- 6/30/02:	**453**
Average Daily Census FY 2002:	303
Number of Patient Days:	110,714

FY 2003 Data:

Beginning Census as of July 1, 2002:	314
Ending Census as of June 30, 2003:	319
Admissions 7/1/02 – 6/30/03:	447
Discharges 7/1/02 – 6/30/03:	**440**
Average Daily Census FY 20/03:	313.7
Number of Patient Days:	113,891

Admission Statistics

The Hospital admitted 447 patients this fiscal year. Individuals admitted to the Hospital for the first time accounted for 301, or 67.3%, of all admissions during Fiscal Year 2003. Admissions by diagnostic grouping indicated that patients diagnosed with schizophrenic disorders accounted for 38.6% (n=170) of all admissions during Fiscal Year 2003, which is a 9.2% decrease from 42.5% during the previous fiscal year. During Fiscal Year 2003, patients diagnosed with affective psychoses (17.7%) and other non-organic psychoses (16.1%) comprise the major diagnostic groupings for patient admissions to the Hospital.

Patients were discharged to the community to the following placements:

Table 11

Patients Discharged During Fiscal Year 2003

Living Arrangements after Discharge	Adult	Adolescent	Total	Overall %
AWOL	3	0	3	0.7%
Correctional Facility	305	12	317	72.0%
Family	10	1	11	3.2%
Foster Home	1	2	3	0.7%
Group Home	34	8	42	9.5%
Independent Living	9	0	9	2.0%
Non-Psych Hospital/Ward	0	0	0	0.0%
None	1	0	1	0.2%
Nursing Home	4	0	4	0.9%
Other	2	1	3	0.7%
Psych Health Facility	5	0	5	1.1%
Psych Hospital/Ward	1	0	1	0.2%
Residential SAP/SMI-Dual Diagnosis	2	1	3	0.7%
RTC 24-hour (not PHF)	20	6	26	5.9%
RTC Semi-Supervised (not PHF)	2	2	4	0.9%
Sponsored Based Housing	7	0	7	1.6%
Unknown	1	0	1	0.2%
Total	**407**	**33**	**440**	**100.00%**

ARIZONA STATE HOSPITAL – STATE FISCALYEAR 2002 - 2003
Table 12 ***ADOLESCENT ADMISSION AND DISCHARGES***

Forensic SMI Admissions		**Civil SMI Admissions**				**Total**
Title 13 – 4512	Title 8-242.01	Title 8 – 242.01	Voluntary	Title 14-5312	Title 36 -540	
RTC (tried as adult)	RTC	Civil Unspecified		With Mental Health Powers	Court Ordered Treatment	
1	6	22	1	0	1	**31**
Forensic SMI Discharges		**Civil SMI Discharges**				**Total**
Title 13 – 4512	Title 8-242.01	Title 8 – 242.01	Voluntary	Title 14-5312	Title 36 -540	
RTC (tried as adult)	RTC	Civil Unspecified		With Mental Health Powers	Court Ordered Treatment	
1	6	23	1	0	2	**33**

ARIZONA STATE HOSPITAL – STATE FISCALYEAR 2002 - 2003
Table 13 ***ADULT ADMISSION AND DISCHARGES***

Forensic SMI Admissions					**Civil SMI Admissions**			**Total Admissions**
Title 13 –4512	Title 13-3994	Title 13-3994	Title 13-3994	Title 13-45.07	Title 14-5312	Title 36 - 540	Voluntary	
RTC	GEI (dangerous)	GEI (non-dangerous; 75 day)	NGRI	Observation	With Mental Health Powers	Court Ordered Treatment		
284	24	9	4	3	10	80	2	**416**
Forensic SMI Discharges					**Civil SMI Discharges**			**Total Discharges**
Title 13 –4512	Title 13-3994	Title 13-3994	Title 13-3994	Title 13-45.07	Title 14-5312	Title 36 - 540	Voluntary	
RTC	GEI (dangerous)	GEI (non-dangerous; 75 day)	NGRI	Observation	With Mental Health Powers	Court Ordered Treatment		
286	14	9	3	2	6	70	17	**407**

ARIZONA STATE HOSPITAL - SUMMARY OF ADMISSIONS AND DISCHARGES FOR FISCAL YEAR 2003

Table 14

	Total Admissions	Total Discharges
Adolescents:		
Forensic	7	7
Civil	24	26
Subtotal	**31**	**33**
Adult:		
Forensic	324	314
Civil	92	93
Subtotal	**416**	**407**
Total for FY 2003	**447**	**430**

Admission Averages

The average monthly admission rate for Fiscal Year 2003 was 37 patients, ranging from a low of 29 admissions in September to a high of 47 admissions in April. This was a 4.1% decrease from the Fiscal Year 2002 average monthly admission rate of 38.6 patients.

Figure 4
Legal Status At Admission FY 2003

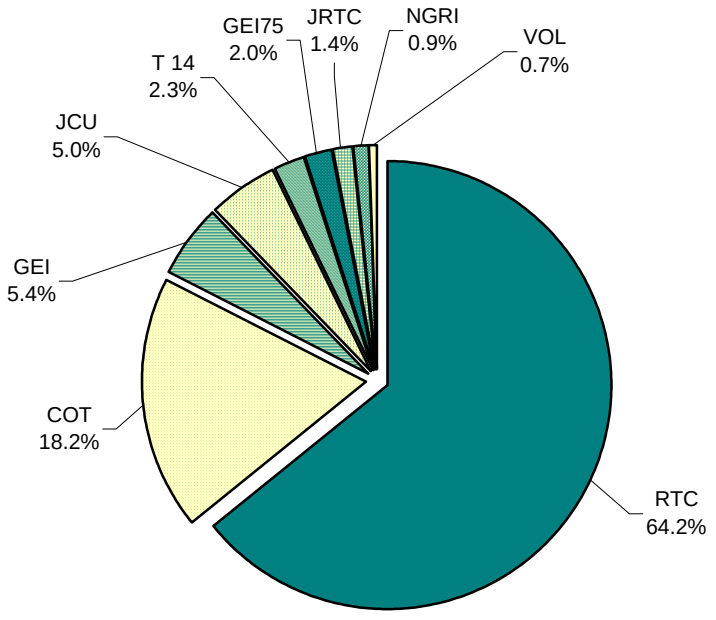


Table 15

Legal Status At Admission FY 2003

Code	Legal Status	Admits	Percentage
RTC	Title 13 - 45.12 Restoration to Competency	285	63.8%
COT	Title 36 - 450 Court Ordered Treatment	81	18.1%
GEI	Title 13 Guilty Except Insane	24	5.4%
JCU	Title 8 - Juvenile Commitment - Unspecified	22	4.9%
T 14	Title 14 with Mental Health Powers	10	2.2%
GEI75	Title 13 Guilty Except Insane 75 day	9	2.0%
JRTC	Title 8 - Juvenile Commitment - Restoration to Competency	6	1.3%
NGRI	Title 13 - 3994 Not Responsible for Criminal Conduct by Reason of Insanity	4	0.9%
VOL	Voluntary	3	0.7%
OBS	Title 13 - 45.07 Observation	3	0.7%
Total FY 2003 Admissions		**447**	**100.0%**

Table 16

Admissions by County FY 2003

County of Admission	Total	Percentage
Apache	1	0.2%
Cochise	9	2.0%
Coconino	9	2.0%
Gila	2	0.4%
Graham	2	0.4%
Greenlee	1	0.2%
LaPaz	3	0.7%
Maricopa	285	63.8%
Mohave	4	0.9%
Navajo	7	15.6%
Pima	81	18.1%
Pinal	19	4.3%
Santa Cruz	1	0.2%
Yavapai	16	3.6%
Yuma	4	0.9%
Unknown	3	0.7%
Total Admissions FY 2003	**447**	**100.0%**

Admission by County
Maricopa County had the highest number of admissions during Fiscal Year 2003 with 285 patients or 63.8% of all statewide admissions. Admissions from Maricopa County increased 5.6% from the previous fiscal year's total of 270 admissions. Pima County accounted for 81 or 18.1% of the total admissions. This was an increase of 10.9% from last fiscal year's 73 Pima County admissions. The remaining thirteen counties accounted for 81 or 18.1% of the state admissions.

Recidivism
Recidivism is defined as the readmission of a patient who was discharged from the Hospital within 180 days prior to the subsequent admission. The Fiscal Year 2003 recidivism rate was 7.5 % (n=33). Readmission rates for prior fiscal years vary from 4.4% in Fiscal Year 2000 to 9.2% in Fiscal Year 1999. In total, there were 128 readmissions during Fiscal Year 2003 with an average community stay of 759.1 days before the subsequent admission in the Hospital.

Discharge Statistics
The Hospital discharged 440 patients during this fiscal year.

Table 17

Discharge Length of Stay FY 2003

Length of Stay	Non-Forensic		Forensic		Total	
	Patients	%	Patients	%	Patients	%
Less Than 90 days	14	11.8	225	70.1	239	54.3
90 to 180 days	31	26.1	78	24.3	109	24.8
181 to 365 days	40	33.6	6	1.9	46	10.5
366 to 1095 days	25	21.0	5	1.6	30	6.8
1096 to 2190 days	5	4.2	4	1.2	9	2.0
2191 to 3650 days	3	2.5	2	.6	5	1.1
Over 3651 days	1	.8	1	.3	2	.5
Total	**119**	**100%**	**321**	**100%**	**440**	**100%**

Table 18

Mean Discharge Length of Stay FY 2003

Length of Stay	Total Patients Discharged	Mean
Less than one year	394	93.5
More than 1 year but less than 3 years	30	593.2
More than 3 years but less than 6 years	9	1301.1
More than 6 years but less than 10 years	5	2585.4
More than 10 years	2	4467.5
Mean Discharge Length of Stay Total	**440**	**200.55 days**
Note: The mean discharge length of stay is the average number of days of hospitalization per patient during FY 2003.		

Adult Discharges

Of the 440 patients discharged during this fiscal year, 407 or 91.7% were adults. Overall, the average length of stay for this age group was 206.11 days. During Fiscal Year 2003, 93 non-forensic patients had an average length of stay of 477.5 days: 70 patients were discharged from the Title 36 Court Ordered Treatment program with an average length of stay of 464.4 days; 6 patients under Title 14 with Mental Health Powers were discharged in an average of 746 days; and 17 Voluntary patients were discharged in an average of 436.5 days. (Table 13) During the same time period, 314 forensic patients were discharged with an average length of stay of 125.7 days: 286 patients were discharged from the Title 13 Restoration to Competency program with an average length of stay of 70.6 days; 14 Title 13 Guilty Except Insane patients were discharged in an average of 982.2 days; 9 Title 13 Guilty Except Insane – 75 Day patients were discharged in an average of 73.3 days; and 3 patients were discharged from the Title 13 Not Responsible for Criminal Conduct by Reason of Insanity treatment in an average of 1601 days.

Adolescent Discharges

Of the 440 patients discharged during Fiscal Year 2003, 33 or 7.5% were adolescents. Overall, the average length of stay for this age group was 131.9 days. The 26 non-forensic patients stayed an average of 153.3 days during fiscal year 2003: 23 patients were discharged from Title 8 Juvenile Commitment after an average of 153.2 days; 2 patients were discharged from the Court Ordered Treatment in an average of 125.5 days; and 1 Voluntary patient was discharged in 210 days. The 7 forensic patients – 6 Title 8 Juvenile Restoration to Competency and 1 Title 13 Restoration to Competency – were discharged this fiscal year after an average of 52.7 days.

Discharge Averages

The average monthly discharge rate for FY 2003 was 37 patients, ranging from a low of 24 discharges in September to a high of 49 discharges in April (Table 10). This was a .5% decrease from the fiscal year 2002 average monthly discharge rate of 37.8 patients.

Table 19

Average Length of Stay by Legal Status FY 2003

Legal Status	Number of Patients	Average Length of Stay
Title 13-45.07 Observation	2	40
Title 13 - 3994 Not Responsible for Criminal Conduct by Reason of Insanity	3	1601.0
Title 13 - 45.12 Restoration to Competency	287	70.65
Title 13 Guilty Except Insane	14	982.21
Title 13 Guilty Except Insane 75 day	9	73.33
Title 14 with Mental Health Powers	6	746
Title 36 - 450 Court Ordered Treatment	72	454.98
Title 8 - Juvenile Commitment - Restoration to Competency	6	46.83
Title 8 - Juvenile Commitment - Unspecified	23	153.21
Voluntary	18	423.94
Total FY 2003 Discharges and Average Length of Stay	**440**	**200.6 days**

The number of non-forensic patients discharged during fiscal year 2003 with a length of stay less than 365 days was 85 or 71.4%, which is .2% higher than last fiscal year. This data continues to support the premise that the Hospital, the ADHS/Division of Behavioral Health Services and the Regional Behavioral Health Authorities are committed to the concept that non-forensic patients are to be admitted to the Hospital for intensive treatments and shorter durations rather than for extended hospitalization periods.

During fiscal year 2003, 16 patients were discharged with a length of stay of greater than 3 years including 2 patients hospitalized for 12.2 years. These patients require extensive treatment and discharge planning coordination between the Hospital and the community providers, who will provide follow-up services.

Table 20

FY 2003
Arizona Department of Health Services
Arizona State Hospital Patient Populations
Seriously Mentally Ill (SMI) Admission & Discharge Criteria

Civil (Adult): A.R.S. 36-540 Court Ordered Treatment	Admission: Petition is filed in Superior Court alleging person is suffering from a mental disorder and is • a danger to self, • a danger to others, • persistently and acutely disabled and/or • gravely disabled. Person receives a court-ordered evaluation & if committed, undergoes mandatory local treatment in the community for 25 days. At a civil hearing, the judge can order up to six months of inpatient treatment. The hospital can grant exceptions for earlier admission.
	Discharge: After treatment goals are achieved and discharge plans are finalized, the patient is released to outpatient treatment.
Civil - Adult: A.R.S. 14-5312 et.seq (formerly 36-547.04) Placed by a Guardian	Admission: A person's guardian may request their Ward's admission to the Hospital's Medical Director and provide documentation from the patient's psychiatrist justifying the reason for admission. These patients have been admitted for treatment to the Hospital through the consent of a guardian who has been given authority by a judge to consent to the patient (the guardian's ward) receiving inpatient mental health treatment.
	Discharge: The psychiatrist determines that the person is stabilized or the patient achieves his treatment goals. The person is placed in a community setting upon receiving permission from the guardian.
Forensic - Adult: A.R.S. 13-4512 Restoration to Competency (RTC)	Admission: • These patients have been charged with a crime, found incompetent to stand trial, and committed to the Hospital for a period of treatment to attempt to restore them to competency. • The court orders the patient to receive treatment at the Hospital for RTC services • If the Hospital determines that the patient is not restorable to competency, the patient may be civilly committed.
	Discharge: When the psychiatrist determines that the patient is competent to stand trial, the person is returned to the county jail and the courts for disposition of the case. If the psychiatrist determines that the patient is not restorable, the person is returned to court for disposition of the case and may be civilly ordered to the Hospital. Maximum length of commitment as RTC is 22 months.
Forensic - Adult A.R.S. 13-4507 Observation of competency to stand trial	Admission: These patients have been charged with a crime and committed to the Hospital for a determination of whether they are competent to stand trial. The Hospital also receives defendants for examination for purposes of the insanity defense.
	Discharge: Upon determination of competency to stand trial, the patient

Forensic - Adult: **A.R.S. 13-3994** **Not Guilty by Reason of Insanity (NGRI)**	Admission: • A person declared NGRI for a crime committed prior to 01/02/94 and found by a criminal court judge to have been insane at the time of the offense. • The person is committed by the court to the Hospital for an indefinite period of treatment at the Hospital and the Superior Court judge retains jurisdiction over the patient. NGRI patients retain this classification for their entire life and can be readmitted to the Hospital as necessary.
	Discharge: The patient petitions the court to grant release. The release may be unconditional or conditional
Forensic (Adult): **A.R.S. Title 13** **Guilty Except Insane (GEI)**	Admission: A person declared GEI (at the time of the crime), for a crime committed after 01/02/94, serves a period of commitment at the Hospital under the authority of the Psychiatric Security Review Board (PSRB). For non-dangerous crimes, the judge sentences the defendant to a term of treatment at the Arizona State Hospital and sets a court hearing within 75 days to determine if the patient should be released or civilly committed. For serious crimes (death, physical injury or threat of the same), the judge sentences the defendant to treatment at the Hospital for the presumptive term for the crime and transfers jurisdiction over the patient to the Psychiatric Security Review Board.
	Discharge: If the crime did not result in death, physical injury or threat of the same, the court holds a hearing to determine whether the patient is mentally impaired and dangerous. If not, the patient is released. If the crime resulted in death, physical injury or threat of the same, the patient's release is controlled by the Psychiatric Review Board (PSRB).
Forensic (Adult Female): **A.R.S. Title 13** **Transfer of Prisoner**	Admission: The Department of Corrections files a petition for a female prison inmate to receive treatment at the Hospital. If, during the court hearing, the judge agrees, the inmate is sent to the Hospital. Applies only to female patients.
	Discharge: Inmates can be transferred back to the DOC facility when their prison sentence expires or their psychiatric condition stabilizes.
Forensic (Adult): **A.R.S. Title 13** **Death Row Inmate** Restore to competency	Admission: Inmate who suffers from a mental disability which makes him/her incompetent to be executed. The Medical Director is charged with the responsibility to treat the inmate in order to restore him/her to competency.
	Discharge: Inmate must understand that he/she has been convicted of the crime, that the sentence is death and that they will be executed.
Civil - Adolescent: **A.R.S. 8-242.01** **Commitment**	Admission: • A Parent (through the Superior Court) or custodian (as a ward of the state through Juvenile Courts) applies to the Hospital to have the child committed. • The Hospital Medical Director evaluates the child and makes a determination
	Discharge: The patient achieves treatment goals as determined by the treatment team.

Forensic -Adolescent: A.R.S. 8-242.01 Juvenile Restoration to Competency Commitment	Admission: These patients are juveniles who have been ordered by a juvenile judge to undergo treatment for restoration to competency or who have been found by a juvenile judge to need inpatient mental health treatment and the judge approves admission to the Hospital.
	Discharge: The patient achieves his/her treatment goals and the psychiatrist determines that the juvenile has been returned to competency.
Department of Health Services - Arizona Community Protection and Treatment Program Admission & Discharge Criteria for Sexually Violent Persons as of February 9, 2001	
Sexually Violent Persons (SVPs) A.R.S. 36 - Chapter 37	Admission: A competent professional evaluates certain inmates for SVP status near the end of their prison term(s). Based on the evaluation results, the county attorney may file a request for a Probable Cause Petition with the court. If the court determines probable cause exists, the inmate may be ordered for detention to the ACPTC program pending a trial (a pre-trial detainee), admitted for treatment or less restrictive treatment.
	Discharge: The patient must successfully pass a variety of psychological examinations and tests to indicate that he/she no longer poses a threat to the community. If no threat is posed, the ADHS Director or the Arizona State Hospital Chief Executive Officer may release the patient to a less restrictive setting (LRA) or to the community with supervision.

PROGRAMMATIC REPORT

Division of Behavioral Health Services

Over the course of Fiscal Year 2003, the Division realized several strategic activities targeted in our 2003 – 2005 Strategic Plan. Highlights of these accomplishments follow below:

Implementing practices and principles in accordance with Jason K Agreement.

The Division remains committed to the continued implementation of the Children's Behavioral Health System reform. Efforts during fiscal year 2003 included:

- Statewide training for providers, Regional Behavioral Health Authorities and child-serving state agencies to support the 12 Arizona principles for the provision of behavioral health services to children and their families
- Training on the process to wrap services around the child and family in order to avoid out-of-home placement.
- Increasing from 916 to 2043 the number of children receiving respite care services
- Increasing capacity for therapeutic foster care services to families as an alternative to out-of-home placement and inpatient services
- Implementing practice guidelines for psychotropic medication
- Ensuring provider capacity and knowledge of substance abuse resources
- Involving families in the design, planning, development and oversight of the behavioral health system
- Implementing Family Support Partners, an organized network of parents who come together to support "family voice" in the behavioral health system
- Implementing a practice improvement protocol for providing services to children and their families through Child and Family Teams
- Developing an adolescent substance abuse practice improvement protocol to guide substance abuse service delivery to Arizona youth
- In partnership with the Arizona Health Care Cost Containment System, continued information collection and analysis of the successes, challenges and barriers in reforming the children's behavioral health system in order to benefit from lessons learned.

Improving the clinical assessment content process

After receiving input from providers, Regional Behavioral Health Authorities, family members, consumers, and other stakeholders, the Division undertook the streamlining and standardization of the clinical assessment tool used to evaluate persons seeking behavioral health services in Arizona. A workgroup comprised of stakeholders and Division staff was formed to examine the clinical assessment requirements that exist in the Arizona Health Care Cost Containment, Arizona Department of Health Services,

Regional Behavioral Health Authority contracts, Office of Behavioral Health Licensure, Seriously Mental Ill Rules and current internal policies and procedures.

A standardized Assessment Tool was developed through the workgroup process and consists of three components:

Behavioral Health and Medical Questionnaire - is completed by person/family prior to the initial assessment interview, if possible, or by the assessor during the initial interview. The Questionnaire consists of current and past behavioral health and medical issues and services the person is receiving or has received.

Core Assessment – is completed at the initial assessment interview and focuses on collecting enough information to get the person to the appropriate next service(s). If some part of the Core Assessment cannot be completed at the initial appointment, this will be documented on the Assessment and Service Plan Checklist and the section flagged to be completed within 45 days.

Addenda - is completed at a follow-up meeting and facilitates the building of a complete picture of the person/family to further identify strengths and additional supports through the examination of other life domains.

The Assessment Tool has been designed to apply to any population seeking behavioral health services (e.g. adults, children, persons with serious mental illness). Addenda have been developed for specific populations groups such as persons with Serious Mental Illness, Developmental History for Children, and Child Protective Services.

The Assessment Tool encourages an ongoing process of implementing and revising clinical services, case management services, support services and medical services, and continual assessment, re-evaluation, clarification and identification of the person's strengths and needs.

Recommendations for the member outcome data elements to be included as part of the standardized Assessment Tool were collected from workgroup members and other stakeholders.

Behavioral Health Professionals (BHPs) and Behavioral Health Technicians (BHTs) who are conducting assessments or serving as a Clinical Liaison are credentialed and privileged. Credentialing requirements for clinicians conducting the standardized Assessment Tool have been established in policy and procedure. In order to be privileged to conduct assessments or serve as a Clinical Liaison, all Behavioral Health Professionals must attend an eight-hour Strengths-based Behavioral Health Assessment Tool Training.

Training to Regional Behavioral Health Authorities and stakeholders regarding the new assessment processes and requirements is scheduled to begin September 2003.

Training modules will include:

- Overview of Assessment
- Mental Status Exam
- DSM Diagnoses
- Engagement and Treatment Formulation

Standards to guide service delivery and authorization

The Division of Behavioral Health Services held discussions with the Regional Behavioral Health Authorities to discuss the authorization processes that serve as barriers to accessing behavioral health services other than licensed Level 1 Inpatient services.

As a result of these discussions, authorization criterion is now in place for licensed Level 1 behavioral health services including inpatient acute, residential treatment services and sub-acute inpatient services. All other levels of care cannot be prior authorized unless the Regional Behavioral Health Authority obtains written approval from the Division of Behavioral Health Services Medical Director.

Service Authorization and Prior Authorization policies of the Regional Behavioral Health Authorities have been reviewed and approval given by the Medical Director only to those policies that do not unduly restrict service provision. All Regional Behavioral Health Authorities have been trained on the Prior Authorization Policy.

Expanding and enhancing the statewide network of providers

The Division of Behavioral Health Services examined the current statewide network of providers, identified and addressed any gaps in the network, and partnered with other agencies and organizations to improve the quality and competency of providers. To accomplish better coordination of mental health and physical health services, the Department has worked closely with the Arizona Health Care Cost Containment System Administration, acute care health plans and primary care providers to identify ways to share information about common clients, provide care collaboratively, and consult with one another on complex cases.

The Division of Behavioral Health Services identified and implemented Technical Assistance Plans for each Regional Behavioral Health Authority as part of the Division's Annual Provider Network Sufficiency Plan and Evaluation. The Division staff meets regularly with staff from each Regional Behavioral Health Authority to assess progress in network development. A logic model has been established to determine the adequacy of the provider network.

Funding from the National Association of State Mental Health Program Directors was used to assist in the development of Peer Support Services. From this grant a manual was created that serves as a guide for training peer support staff throughout the State.

The Peer Support Services curriculum topics range from recovery, crisis response, cultural competency, client rights to ethics and boundaries.

Assist persons with behavioral health problems in understanding, exercising and protecting their rights.

The statewide Office of Human Rights has been established to help people with serious mental illness (SMI) to understand, exercise and protect their rights. The Office helps resolve problems regarding behavioral health services and those in need of special assistance. The Office of Human Rights offers advocacy for services at no charge to persons receiving publicly funded behavioral health services. Changes in advocacy and special assistance programs provided by the Division are communicated to the Division's staff, the Regional Behavioral Health Authorities, clients and community stakeholders.

The Office of Grievance and Appeals is responsible for the administration and oversight of the administrative grievance and appeals process. The Office investigates allegations of sexual abuse, physical abuse or the death of individuals with serious mental illness. The purpose of the grievance and appeals process is to resolve case specific issues and to remedy any systematic concerns that are identified. A database has been implemented to capture grievance and appeal data to support reporting needs of the department. Forms have been modified to clarify the notification of clients regarding their grievance and appeal rights.

Develop a contracting process to obtain the best system for Behavioral Health Services

Procurement workgroups planned and coordinated focus groups including clients, family and advocacy organizations. A total of eighteen functions with 258 participants provided input to inform the Request for Proposal process and content. The participants included six family/client focus groups (two within the Latino community), four community forums and other stakeholder groups. The information obtained from the focus groups was utilized to develop the Request for Proposal Special Terms and Conditions and Scope of Work.

The Maricopa County Request for Proposal will be released in September 2003 and an award is projected to occur in March 2004.

Comply with HIPAA requirements while maintaining Arizona's ability to provide and bill for integrated services.

The Division of Behavioral Health Services held meetings with the Regional Behavioral Health Authorities to coordinate, facilitate and track progress in meeting the Health Insurance Portability and Accountability Act (HIPAA) Transaction and Privacy Rule requirements.

The Division completed a HIPAA Privacy Manual on March 31, 2003 and posted it on our website. Training was provided to all Arizona Department of Health Services/Division of Behavioral Health Services personnel beginning on April 4, and ending May 12, 2003.

The Department's Attorney General, in collaboration with Arizona Health Care Cost Containment Services legal office, completed a preemption analysis to compare the HIPAA Privacy Rule to the Arizona privacy laws and behavioral health related rules.

Integration/Coordination of service delivery with the Arizona Health Care Cost Containment System health plans

The Arizona Department of Health Services/Division of Behavioral Health Services Co-Management Task Force identified numerous issues regarding obstacles to information sharing, obtaining timely enrollment information, shared data bases, accessibility and availability of Behavioral Health Clinicians to Health Plan Behavioral Health Coordinators and Primary Care Providers.

All Arizona Department of Health Services/Division of Behavioral Health Services "clinical documents" have been reviewed, revised and updated. As of April 1, 2003 these clinical documents were posted on the Division website and are available for general use. These documents provide useful information for behavioral health and primary care providers regarding a "best practice" approach to managing a variety of behavioral disorders and issues.

The Division of Behavioral Health Services Policy 2.6 *Coordination Between Regional Behavioral Health Authorities, Arizona Health Care Cost Containment Health Plans and Primary Care Providers* was implemented in May 2003. The policy requires that timely communication and coordination of care occur between the Regional Behavioral Health Authorities subcontracted providers and the Arizona Health Care Cost Containment System.

Two statewide contact information lists for Health Plans to make referrals to the Regional Behavioral Health Authorities for behavioral health services and for direct doctor-to-doctor communications were completed and submitted to the Arizona Health Care Cost Containment Services for use by the Health Plans and Primary Care Providers.

Revision of the State rules for Persons with Serious Mental Illness

During Fiscal Year 2003, the rules for Persons with Serious Mental Illness (R9-21) were reviewed through a workgroup process, including stakeholders and a public hearing, revised to align them with the Division's vision and current practice and posted on the ADHS website June 30, 2003.

Arizona State Hospital

PROGRAMMATIC REPORT

The mission of the clinical members of the Hospital staff is to provide safe and effective psychiatric and medical care to our patients. These patients suffer from serious psychiatric, neurological and medical illnesses. These illnesses hamper patient's ability to care for themselves safely in the community because they are a danger to themselves or to others.

Civil adult patients are committed here if they have not responded well following 25 days in a community hospital setting. Forensic patients are court-ordered for pre- or post-trial treatment. Many are homeless, or cannot be treated in a specialized home setting with outpatient services. Many of our patients are the most dangerous (to themselves or others) in the community, with histories of self-mutilation, assault or arson. We treat people who suffer from complicated illnesses fraught with psychiatric, physical and social problems. Some have family members who are involved and invested in their treatment, while others have lost contact with family and friends.

Because of this mission, we strive for clinical excellence and humanitarian concern. The guidelines for our practice are to make careful and precise diagnostic formulations, to use the most current interpersonal and pharmacological treatments and to create an effective rehabilitative environment to aid our patients in their recovery.

Methods of Treatment

Interdisciplinary Clinical Team Approach

The Interdisciplinary Clinical Team consists of a qualified (board certified or board eligible) psychiatrist, a board certified family practice physician (or certified physician assistant), a registered nurse, a social worker, rehabilitation professionals and a psychologist. In all treatment programs, the Interdisciplinary Clinical Team assesses and evaluates each patient upon admission to the Hospital, at periodic intervals, and at any time during the course of hospitalization, based upon the condition of the patient.

The patient's acuity level and the patient's legal status at the time of admission provide the interdisciplinary clinical team guidance in determining the patient's least restrictive and most appropriate level of placement within the Hospital. The team determines the least restrictive and most appropriate level of placement based on the patient's acuity level and legal status.

TREATMENT PLANNING

Comprehensive Assessments: Each patient receives a comprehensive admission assessment. The Interdisciplinary Clinical Team to identifies the patient's needs for

ongoing treatment and rehabilitation. Psychiatric, medical and nursing assessments are completed within 24 hours of admission. Social work and rehabilitation assessments are completed within 10 days. Comprehensive assessments include, but are not limited to, information about the presenting problem and prior treatment, medical history/current medical condition; risk assessment; cultural, religious and spiritual issues; linguistic needs; and family/social history. The information is used to evaluate and plan for the psychiatric, psychological, medical, rehabilitation and psychosocial treatment needs of the patient during hospitalization.

Individualized Treatment and Discharge Plan (ITDP)
Upon completion of the comprehensive assessment, an Individualized Treatment and Discharge Plan is developed for the patient. The plan addresses the patient's identified assets and strengths, evaluation and treatment needs, and any barriers to the achievement of treatment goals for the patient.

The ITDP seeks to address the patient's biological, psychological, spiritual, cultural, linguistic and socio-economic needs. The patient's psychiatrist, who provides leadership for the Interdisciplinary Clinical Team coordinates the patient's care and ensures there is a well-defined plan in place that may include these components:

- A full medical and psychiatric assessment of each new patient and at least annually re-written, with monthly clinical team reviews
- Medically necessary care for any medical condition, either acute or chronic
- Pharmacotherapy
- Psychotherapy (individual and group)
- Behavioral/cognitive therapy
- Full range of psychiatric rehabilitative therapy
- Family evaluation and therapy education process
- Recreational therapy
- Educational therapy (medication, coping skills, GED)

STAFFING

Staffing patterns vary depending on the acuity of the treatment program and the needs of the individual patient. Each unit is staffed with Registered Nurses, Clinical Nurse Specialists, Licensed Practical Nurses, Mental Health Program Specialists, Social Workers, Rehabilitation Specialists, Psychologists, Psychiatrists, Medical Physicians (or Physician Assistants) and Clerical Staff.

The Hospital provides translation services for patients who do not read or understand English. Social workers have the primary responsibility for identifying the resources that are necessary to address the special needs of patients (including sign and other interpreter services) upon admission to the Hospital.

ARIZONA STATE HOSPITAL OFFERS 3 MAJOR TREATMENT PROGRAMS:

CIVIL ADULT REHABILITATION PROGRAM (141 Beds)
Designed to present a new paradigm in mental health care philosophy, the new 200-bed capacity Arizona State Hospital Adult Civil Facility opened in February 2003 to serve the needs of adult civil patients who are seriously mentally ill.

Located on a 23-acre parcel of the Arizona State Hospital campus, the new facility consists of a series of buildings designed to provide care in an atmosphere that blends healing, well being and dignity for patients by creating a sense of place that meets individual care needs in a therapeutic environment.

Described by visitors as creating a sense of hope and serenity, the buildings are made of straightforward, modest block construction. It is the successful integration of natural light and landscaped courtyards between buildings, however, that creates the ambience of a college campus. These areas act as community parks and places for quiet relaxation, recreation and special events, in stark contrast to the old Arizona State Hospital.

The new facility was recognized by the Valley Forward Association with a 1st Place Crescordia Award for Environmental Excellence. “Crescordia” is a Greek term meaning ”To Grow in Harmony” and the Hospital was honored for integrating Arizona’s unique desert environment into a sensitively designed facility for the treatment of its patients.

The design of the new facility reflects our commitment to rehabilitative active treatment by facilitating the development of daily living required for successful community reintegration. Planning concepts were divided into two key areas: residential activities and life-skill development activities.

The **residential treatment units** (sleeping quarters) provide patient rooms (private/semi private meeting federal regulations), patient support offices and nurses stations with full site monitoring ability. Daily living activities occur along the **civic rehabilitative mall area** and include group therapy areas, occupational therapy, recreational therapy, educational services, library services, clothing store (donated clothing), patient-run coffee shop, barber shop, financial services, human rights office, volunteer services, court room, specialty medical clinic, health records, clinical administration and security.

Adult Civil Patients live on 9 treatment units (3 buildings) on the adult civil campus. A full range of services is provided to patients on these locked units. Desert Sage is an all-male unit, while all other units (Ironwood and Palo Verde) house 20-22 male and female residents.

The treatment focus is management of disabling symptoms of severe mental illness. Treatment and medical management focuses on providing a safe and secure

therapeutic milieu. The reduction or amelioration of psychotic symptoms or depressive symptoms is addressed through the use of medication and rehabilitation services.

Treatment modalities include medications and medication education; psychiatric rehabilitation and individualized group therapy; structured unit activities; leisure planning and recreational therapy; and community-based programs. Emphasis is placed on activities of daily living since many patients have deficits that impede their capacity to live more independently in community settings.

Group therapy is designed to help patients, disabled by a chronic mental illness such as schizophrenia, become more self reliant in managing their psychiatric symptoms by focusing on:

1. Symptom Management
2. Medication Management
3. Basic Communication Skills
4. Recreation and Leisure
5. Education

Adult Civil Treatment Units:

I. Palo Verde (Building A)

a. North: Adult/Medical/Psychiatric

This 22-bed coed program addresses the psychiatric and medical needs of adult patients with acute or chronic medical problems, in addition to serious mental illness, to maximize their physical, spiritual and mental well being, enhance their quality of life and facilitate their return to appropriate community placement.

Patients in this program can be either civilly or forensically committed and have been diagnosed with depressive, psychotic or organic disorders. The program is available to provide for the necessary nursing care indicated for sub-acute and chronic medical and post surgical conditions, along with psychiatric issues.

The unit's goals are to provide psychiatric care and treatment, including medication and medication education; restore physical health to the extent possible; increase the capacity for self-reliance and community living and coordinate discharge planning in collaboration with the behavioral health and other care delivery systems.

Special needs of psychiatric medical patients can include, but are not limited to: peripheral line IV therapy, enteral feeding, negative pressure isolation, oxygen therapy or help with physical limitation.

b. East: Safe Harbor
This 20-bed unit is a place for intensive rehabilitative treatment for patients who are too regressed, or too withdrawn, to participate in Hospital activities.

II. Desert Sage (Building B)

a. North: Adult Male/Civil Rehabilitation Model
This 20-bed program receives patients who are seriously mentally ill and who may have behaviors that are dangerous to females.

b. East: Admissions
This is a 20-bed unit where most new admissions begin their stay. All assessments and stabilization are completed here. The longest length of stay is two months on this unit. Decisions are made during this stay about individualized needs and referral to the appropriate programs for treatment.

III. Ironwood (Building C)

a. 1-North: Adult Civil Rehabilitation Model
This 20-bed program receives patients who are seriously mentally ill.

b. 1-East: Civil Rehabilitation Model
This 20-bed program receives patients who are seriously mentally ill.

c. 2-North: Adult Civil Rehabilitation Model
This 20-bed program receives patients who are seriously mentally ill and treats 14 forensic and 6 civil rehabilitation model patients.

d. 2-East: Civil Rehabilitation Model
This 20-bed program receives patients who are seriously mentally ill.

The average length of stay for recently admitted adult civil patients is six to eight months. The Hospital's Social Work Department actively begins discharge readiness planning to find appropriate community placements upon admission.

FORENSIC ADULT PROGRAM (180 Beds)
This program consists of 3 specialized programs housed on 6 treatment units that serve as an admission, treatment and discharge unit, although patients may be transferred from one treatment unit to another, depending upon special needs.

Patients with a potential for violent or dangerous behavior, patients with a high escape risk and patients with legal requirements on placement also receive treatment within these programs.

Major treatment modalities include pharmacotherapy, psychological services and extensive assessment, psychiatric rehabilitation and substance abuse treatment, psychotherapy focusing on participating in treatment, interpersonal skill development,

educational services for patients requiring restoration to competency, specific discharge plans and goal development.

Pre-Trial Forensic Program (Restoration to Competency Program "RTC") evaluates and treats patients who have been court-ordered for pre-trial evaluation and restoration to competency (RTC) to stand trial. The program focuses almost exclusively on the issues identified by the courts in the individual's commitment order. Primarily, this relates to the symptoms and / or deficits that limit a defendant-patient's competence to stand trial. Any other treatment or services is either supplementary or coincidental. The average length of stay for patients discharged in fiscal year 2002 was 74.5 days.

The Pre-Trial Forensic Program is governed by protocols and guidelines for the daily management of defendant-patients so that the services are provided without compromising security. The main security measures include continuously locked wards; check/review by uniformed personnel of all entrants to the program; electronic control of entrance to and from the outside; security personnel; continuous video monitoring of entry and treatment areas; and specialized visitation and escort protocols.

Group therapy for the Pre-Trial Forensic Program focuses on:

a. Social Work Core Group: Develops a rational understanding of the patient-defendant's legal situation, applying previously learned competency materials using legal case scenarios.

b. Individual Intervention: Social Workers meets with the patient individually to needs toward reaching competency, such as understanding police reports and communicating with the attorney.

c. Nursing provides programs to educate patients and promote skills for self-management of psychiatric illness (symptom management, potential side effects and negotiating medication issues as well as programs to teach patients their rights, legal pleas and court proceedings. Structured and creative use of leisure time is provided to promote overall psychological well being of patients.

d. Rehabilitative groups designed to provide patients with basic skills to develop rational understanding of court related terms/concepts; development of coping skills, social/communication skills, improving self-esteem and increasing awareness of substance abuse issues.

Post-Trial Forensic Program *(*Guilty Except Insane "GEI" or Not Guilty by Reason of Insanity "NGRI") for those adjudicated as not-guilty by reason of insanity prior to January 2, 1994 or transfers from Department of Corrections for those defendant patients adjudicated as GEI or NGRI and court-ordered to the hospital. The purpose of the post-trial program is to offer treatment services to

protect the community and lower recidivism rates while providing patients a safe environment in which to receive psychiatric services. Patients are provided with the opportunity to develop skills to effectively cope with the symptoms of mental illness and receive education and rehabilitative services to enhance community reintegration.

Consisting of two all-male patient care treatment units, the patient population consists of individuals with acute and chronic mental illness, as well as a commitment as Guilty Except Insane or Not Guilty by Reason of Insanity for criminal acts. Patients are admitted from court after forensic commitment with varying degrees of severity of mental illness and level of functioning. When stabilization of mental illness and problem behaviors are achieved, patients are granted increased privileges and independence.

Evaluation, treatment and stabilization in the Post-Trial Forensic Program focuses primarily on the symptoms and interpersonal style that limit the individual patient's from residing safely within the community or in a less restrictive setting. The goal is for the patient to be able to reside in a community setting safely with anticipated outcomes such as:

- Successful coping skills
- Demonstration of compliance with treatment and
- Maintenance of a psychiatrically safe baseline level of behavior and symptoms

The special needs of the patients most often include language barriers and physical/medical issues. The Hospital provides translation services for patients who do not read or understand English under contract to the state. Social workers have the primary responsibility for identifying the resources that are necessary to address the special needs of patients (including sign and other interpreter services).

Due to these patients' complicated legal issues and long length of stay, they are considered to be a high AWOL risk. Therefore, these patients have more restricted privilege levels, including limited visitation times and searches of materials brought onto the unit by family and friends. Security provides routine unit walk-through and assistance during potentially dangerous situation, as well as assists in unit searches for contraband when evidence warrants.

COMMUNITY REINTEGRATION PROGRAM (CRU)

The purpose of the Community Reintegration Program is to provide post-trial forensic patients with psychiatric rehabilitation services to prepare them to return to the community. Patients either have a **"Conditional Release Plan"** or they are working towards application for Conditional Release.

The Community Reintegration Program is a 32 bed unlocked unit in the Granada

Building serving a coed adult forensic population of Guilty Except Insane (GEI) and Not Guilty by Reason of Insanity (NGRI) patients. The average length of stay for patients discharged in fiscal year 2002 was 1061 days and average age of 42 and a median age of 43.

A patient can be transferred to Community Reintegration Program from the Post-Trial Forensic Program Units when the following criteria have been met:

1. The treatment team determines the patient is psychiatrically stable and no longer presents a danger to self or to others;

2. The patient is not currently on a conditional release plan to the Hospital, but has been psychiatrically stable for 120 days, have level III independent grounds privileges, is capable of participating in a self-medication program and is expected to pursue a conditional release plan within 120 days of transfer to Community Reintegration Program;

3. The transfer has been approved by the Special Classification Committee, or

4. The patient has a conditional release plan approved by the Psychiatric Security Review Board (PSRB) or the Superior Court.

ADOLESCENT TREATMENT PROGRAM (16 BEDS)

The Adolescent Treatment Program is a co-ed 16-bed unit that operates on a point incentive system in a structured setting. It serves as the admission, assessment and treatment program for adolescents under the age of eighteen (18) who require, on average, approximately three to four months of inpatient treatment as a result of a substantial mental disorder or sent to us for forensic evaluation.

The point system allows adolescents to receive immediate feedback about their behavior and progress towards treatment plan goals. Earning points allows each adolescent a considerable amount of control over the kinds of privileges he / she receives.

Evaluation, treatment and stabilization on the Adolescent Treatment Unit focuses on psychiatric symptoms, personality characteristics and coping skills that limit the adolescent from residing safely within the community or in a less restrictive setting remain the goals of the program.

Some adolescents under forensic commitments learn legal concepts while their competence to stand trial is restored. The goal is for the patient to be able to reside safely in a community setting or return to family by developing successful coping skills, demonstrating compliance with treatment and maintenance of a psychiatrically safe baseline of behavior and symptoms.

The Adolescent Treatment Unit identifies and assesses children who may be at a special risk due to their age, gender issues, or sexually inappropriate behaviors. Accommodations and program planning on the unit are individualized as much as possible in treating these at-risk youths

Major treatment modalities include individual and group therapy, family therapy, academic programs, occupational/recreational therapy and psychotropic medications, as appropriate. Onsite education is provided through Maricopa Regional School District in a fully certified special education program. Aftercare planning and placement of the patient are essential components of treatment with active liaison between the Hospital and community providers to assist outpatient service providers in placement and treatment referrals.

A significant challenge facing the Adolescent Treatment Unit is to be responsive to the special needs of individual patients based on their legal status. Patients who are admitted for restoration to competency to stand trial for criminal offences share the same living area with seriously mentally ill adolescents admitted through the civil court process. Special emphasis is placed on the safety and security of the civil patients and the provision of education to patients who are criminally committed.

Located on the Granada East Unit, a program is available to provide to patients ages 39 to 81 years with nursing care indicated for sub-acute and chronic medical and post surgical conditions, which complicate the patient’s primary mental disorder(s).

CONDITION OF EXISTING BUILDINGS AND EQUIPMENT

The $80 million appropriated in 2000 for the renovation, demolition and construction of the new 16-bed Adolescent Treatment Facility (opened July 2002) and the new Adult Civil 200-Bed Facility (opened January 2003), has gone a long way to mitigate 40 years of neglect. These new facilities have done a great deal to improve the environment for patients and staff at the Arizona State Hospital campus

It should be noted that to remain within budget, many items of new construction were postponed or eliminated in order to stay within budget, while trying to achieve the greatest improvement with the funds provided.

RESULTS OF CANCELING THE FORENSIC $10.5M RENOVATION

However, the state budget crisis resulted in the final phases of funding ($10.5 million) being withdrawn for the renovation of the Wicks and Juniper Units to serve the Forensic Program in October 2002. The hope of the Hospital is that this project will be reinstated as quickly as possible. Wait lists for the Forensic Restoration to Competency Program have grown from 11 in October 2002 to over 75 by June 2003. Within the coming fiscal year, the Hospital expects to implement a wait list for the Guilty Except Insane Population.

Not proceeding with the renovation of the Wicks and Juniper means the Hospital will not be able to open (approximately) 112 beds on the Juniper Side for forensic use as originally planned. The Juniper units were never built to house forensic patients and therefore have been boarded up.

The following projects were canceled due to lack of funds:

1. Enlarge the Laboratory in Granada and create a separate entry for X-ray
2. Renovate Granada first floor
3. Renovate Granada second floor
4. Replacement of Granada generator
5. Renovate Dietary Building (especially equipment and plumbing)
6. Renovate Pharmacy in General Services Building
7. Build Gymnasium for Adolescent Hospital
8. Construct new Administration Building
9. Renovate or replace entire Wick/Juniper complex for a new Forensic Hospital
10. Renovate Kitchen / Dining Areas of Wick / Juniper Complex
11. Provide a Day Care Center for children of employees
12. Stabilization of the **Old Main Administration Building** (one of the oldest buildings in the state, it is listed on the National Historic Register - Restoration would come later). The Old Main Administration Building is in a seriously deteriorating condition, and at the very minimum, a new roof membrane is needed to prevent further water damage.

Un-addressed Master Plan deficiencies include the correction of structural, mechanical, plumbing and electrical deficiencies in existing buildings on campus. Items not addressed in the current master plan include:

The Old Main Administration Building includes the need for seismic bracing, replacing the air handling and hot water systems, and upgrading the rest rooms to conform to ADA requirements.

The Commissary / Dietary Building needs a new roof and upgrading for ADA compliance, a fire alarm system, seismic upgrade, new interior wiring, among other requirements.

The Training and Education Building is also not ADA compliant, nor braced for seismic activity, and will require new wiring, an air handling system, ductwork, central air compressor, and new lighting.

The General Services Building is ADA accessible from the exterior, however the interior needs ADA improvements, including the elevator, seismic bracing needed, clean or replace ductwork, replace the air handling unit, properly exhaust toilets, rework fire sprinklers for proper medical record protection, properly vent sump pump in the basement, replace branch circuit panels, replace electrical service entrance section engineer for fault protection, and install smoke detectors.

The Paint and Garage Shop is currently used to store batteries, battery charging and spray painting, which is dangerous, and must be relocated to separate buildings or rooms designed to code. Wood trusses need to be fire proofed, rest rooms must be ADA compliant, a ventilation system in the work area is needed, requires fire sprinkler coverage, pressure reducing stations, new sand and oil interceptor at vehicle maintenance area, install new receptacle wiring and wiring to power tools with proper disconnects.

The **Engineering Building (the old Laundry Building)** is recommended for complete demolition and replacement, but in lieu of replacement, the following deficiencies need correction:

- Replace the roof, stucco exterior finish, interior plaster walls and partitions, install new flooring, modify building and toilet to conform to ADA requirements, replace exterior decaying timber fascia and soffit at eves
- Seismic bracing for exterior masonry walls
- Install new air conditioning units with outside air provisions and new duct work
- Replace steel piping with copper, install new toilets an install properly vented piping
- Total replacement of electrical system, new wiring, light fixtures, branch circuit wiring, additional receptacles and replace old ones, replace branch circuit panels and upgrade with proper fault current protection

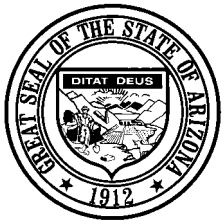
The Maintenance Shop needs a new roof, ADA upgrades, seismic bracing, a new air handling unit, implosion doors on the duct vacuum system, new ductwork, a fire

damper, fire sprinkler heads, ADA compliant plumbing fixtures, new electrical service, panels and light fixtures.

The Warehouse needs to be ADA compliant, new roof by 2008, exit and emergency lights, seismic bracing, new ductwork, new evaporative coolers, new air handling system, smoke detectors, fire sprinkler heads for proper coverage, new fire sprinkler piping, new electrical service and panels.

Other Building Concerns

The modular buildings on campus are of combustible construction and are an inefficient use of the site that need to be replaced with conventional construction buildings. The Department of Corrections Motor Pool area and buildings need to be relocated off site. Almost all existing buildings require asbestos containment / removal. The landscaping needs to be revised campus wide, including the entire irrigation system. The Psychiatric Security Review Board, which oversees the Guilty Except Insane patients, needs permanent accommodations.



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